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UNFPA – Annual report of the Executive Director

United Nations Population Fund

Progress made in implementing the UNFPA strategic plan, 2014-2017

Report of the Executive Director

Summary

This report analyses the progress made in achieving the results of the UNFPA strategic plan, 2014-2017. The report also addresses progress in implementing General Assembly resolution 67/226 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system, as requested in Economic and Social Council resolution 2013/05.

UNFPA has taken stock of the challenges encountered and the lessons learned in implementing its strategic plan. This report demonstrates that UNFPA has achieved the results it set out to achieve during the first three years of the strategic plan (2014-2016). The annexes to this report, available on the UNFPA Executive Board web page, provide detailed analyses and information on the performance of UNFPA.

This report should be read in conjunction with the statistical and financial review, 2016 (DP/FPA/2017/4 (Part I) Add.1), which provides the details of budgetary expenditures.

Elements of a decision are contained in section V of the report.

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Annex 1. Scorecard and indicator updates, 2016
Annex 2. Country results and case studies to illustrate the theory of change
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I. Introduction

1. In 2016, UNFPA exhibited strong performance in its work to attain the overall goal of its strategic plan, 2014-2017: achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the International Conference on Population and Development, in order to improve the lives of women, adolescents and youth. UNFPA was also well on track to attain most of the targets of the strategic plan.

2. This report analyses the cumulative performance of UNFPA through 2016 in achieving the results of the strategic plan, 2014-2017. It also presents the progress achieved in implementing General Assembly resolution 67/226 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system (hereafter referred to as the quadrennial comprehensive policy review). The report also summarizes the contributions of UNFPA global and regional interventions in achieving the results of the strategic plan (see annex 3), and details the challenges and lessons learned during 2014 to 2016.

3. The report consists of the following sections: (a) an introduction (section I); (b) recent developments and emerging trends that characterized the penultimate year of the strategic plan (section II); (c) progress made in achieving the results of the strategic plan and the challenges encountered (section III); (d) organizational effectiveness and efficiency (section IV) and (e) elements of a decision (section V).

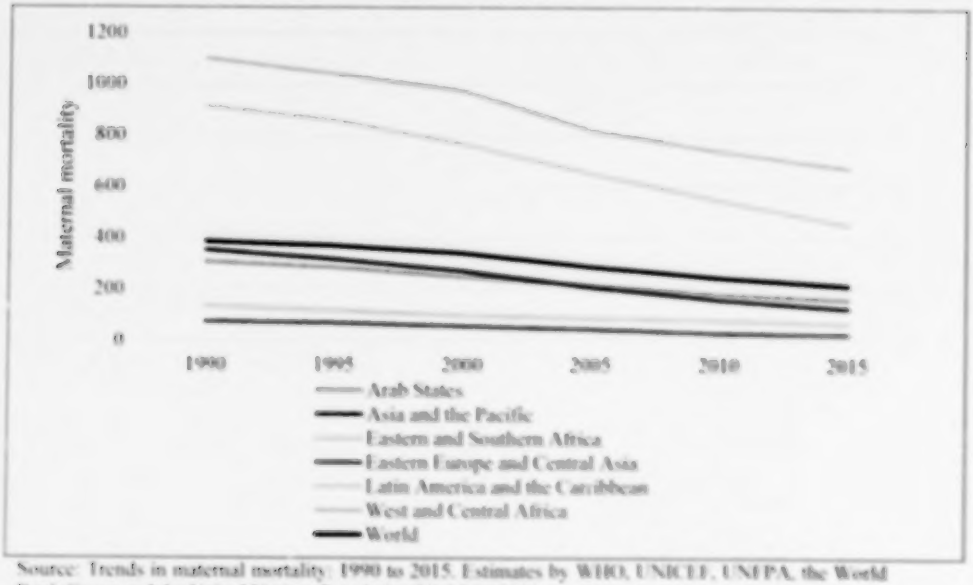
II. Recent developments and emerging trends

4. In 2016, the Sustainable Development Goals of the 2030 Agenda for Sustainable Development officially came into force. The 2030 Agenda for Sustainable Development reaffirms the recognition in the Programme of Action of the International Conference on Population and Development that human beings must be at the centre of sustainable development, especially women, young people and people in vulnerable situations. The Agenda further affirms that human rights, dignity and inclusiveness must be central to any global framework of sustainable development.

5. The 2030 Agenda for Sustainable Development builds on the Millennium Development Goals – the global framework that guided development work through 2015. The international community made notable achievements under this framework, but vital work remained.

6. Extreme poverty was reduced by half and fell to below 10 per cent, yet approximately 800 million people still live in extreme poverty. Southern Asia and sub-Saharan Africa account for about 80 per cent of this figure. Maternal mortality was reduced by 44 per cent, yet approximately 830 women die each day from preventable maternal death causes. Almost all maternal deaths (99 per cent) occur in developing countries. More than half of these deaths occur in sub-Saharan Africa, and almost one third occur in South Asia. More than half of maternal deaths occur in fragile and humanitarian settings. The number of new HIV infections dropped from 3.5 million in 2000 to 2.1 million in 2013; Eastern and Southern Africa accounted for more than half of these infections.

Figure 1: Maternal mortality trends, by UNFPA geographical region



Source: Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, the World Bank Group and the United Nations Population Division, 2015

7. Harmful practices were reduced, though slowly and not everywhere. The proportion of women aged 20 to 24 who reported that they were married before the age of 18 dropped from 32 per cent around 1990 to 26 per cent around 2015. However, levels of child marriage in Southern Asia and sub-Saharan Africa, 44 per cent and 37 per cent, respectively, remain unacceptably high. Gender-based violence also remains a problem. Worldwide, 35 per cent of women have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. In some regions, as many as 38 per cent of women experience intimate partner violence. Teenage pregnancy is a major concern. In 2015, it was estimated that 15.3 million adolescents would give birth; at this rate, this figure was projected to reach 19.2 million by 2035.

8. In 2015, 64 per cent of married or in-union women of reproductive age worldwide were using some form of contraception. However, contraceptive use was much lower in the least developed countries (40 per cent) and was particularly low in Africa (33 per cent).

9. In addition to these concerns, the ageing process is most advanced in high-income countries, while large youth populations exist in developing and emerging countries, in particular, in sub-Saharan Africa. Some countries in the North face labour shortages, while others in the South face youth unemployment and underemployment rates. These conditions have, in some cases, fuelled migration and threatened national, community and household stability, and limited the potential to harness the demographic dividend.

10. Humanitarian emergencies, triggered by political crises and natural disasters and exacerbated by social and economic inequalities, continued to plague the world. In 2016 alone, humanitarian emergencies affected 125.3 million people, representing an increase of 81 per cent compared to 2014. The United Nations notes that about 1.2 million people – 80 per cent of whom are women and children – have fled South Sudan, making it the largest refugee movement in Africa.

11. The development landscape continued to experience economic constraints and place increasing pressure on resources, following a slow recovery from the global economic recession of 2007 to 2009. In 2016, the world economy expanded by just 2.2 per cent, the slowest rate of growth since the recession. According to the Institute for Health Metrics and

Evaluation, global funding for maternal health declined from $3.8 billion in 2014 to $3.6 billion in 2015.

UNFPA response to the global context

12. In response to the global context, UNFPA ensured that it remained on course to increase access to sexual and reproductive health and reproductive rights, especially for women and young people.

13. UNFPA strengthened its focus on results and on strategies that would have the greatest impact. It followed the recommendations of the quadrennial comprehensive policy review, and those of the UNFPA business model, which differentiates modes of engagement depending on the country context. In countries with fewer needs and a greater ability to finance their own interventions, UNFPA programmes focused on advocacy, policy dialogue and advice, not service delivery. In countries with the highest needs and the lowest ability to finance their own interventions, UNFPA offered a full package of interventions, including service delivery.

14. UNFPA expanded its austerity measures, which it first introduced in 2015, to adapt to the decrease in resources. In 2016, UNFPA froze 76 staff positions at headquarters. UNFPA also intensified the use of partnerships to work jointly to achieve the goals of the Programme of Action of the International Conference on Population and Development and the results of the strategic plan.

III. Progress and challenges

A. Summary of key results and challenges

15. UNFPA has assessed its cumulative progress in achieving the results of the strategic plan, using two metrics: (a) trends of the outcome indicators of the strategic plan; and (b) achievement of the outputs of the strategic plan, including the outputs of the global and regional interventions.

16. UNFPA made steady progress in achieving the results of the strategic plan. Trends in the 22 outcome-level indicators showed that 10 of the targets moved in the right direction, as projected by the strategic plan. However, seven indicators showed mixed trends; three lagged behind; and two indicators did not change.

17. UNFPA contributed to the outcome trends by achieving the outputs of the strategic plan. Figure 2 highlights some of the key results that have emerged by achieving those outputs.

Figure 2: Key results achieved by UNFPA, 2014-2016

93,000 maternal deaths averted*
113 million couples protected for one year from unwanted pregnancies*
35 million unintended pregnancies prevented*
11 million unsafe abortions prevented*
54 million users of family planning*
39,217 fistula repair surgeries supported**
8.2 million pregnancies and deliveries assisted by 23,500 UNFPA-supported midwives****
33.4 million adolescents provided with integrated sexual and reproductive health services**
272,000 girls saved from female genital mutilation***
$884 million direct health-care costs avoided by providing contraceptives*
Over 16 million women and girls in humanitarian crises reached with sexual and reproductive health services and services to prevent gender-based violence**
903 maternity tents or homes operationalized in humanitarian settings****
1,232 mobile clinics provided in humanitarian settings***
915 safe spaces supported in humanitarian settings***
188,498 new HIV infections and 8.3 million sexually transmitted infections prevented through provision of 16.5 million female and 1,024 million male condoms****

* Estimates using the Marie Stopes International Impact 2 and the United States Agency for International Development models. Potential results are based on the family-planning commodities procured.

** UNFPA country reports, 2014-2016

*** UNFPA country reports, 2015-2016

**** UNFPA estimates

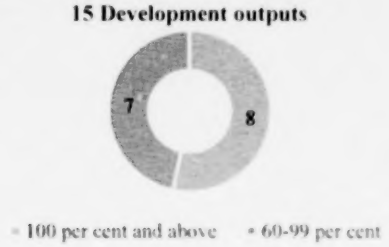
18. The current UNFPA strategic plan has 15 development outputs. Each output includes one or more indicators and, therefore, one or more annual indicator targets. UNFPA is accountable for achieving the annual targets.

19. The achievement of an output is assessed by averaging the achievement rates of the indicator targets in an output: an average of 100 per cent and above is considered as having fully achieved an output; 99 - 60 per cent is partial achievement. An output is considered as not having been achieved if the average is below 60 per cent.

20. In 2016, of the 15 development outputs, UNFPA fully achieved eight and partially achieved seven. Unlike 2015, there were no outputs in the not-achieved category, as shown in figure 3. Under organizational effectiveness and efficiency, UNFPA fully achieved two outputs and partially achieved one output. Based on 2016 data, it is projected that UNFPA will fully achieve 70 per cent of the strategic plan end-line output targets (see annex 1 for the scorecard and indicator updates, 2016).

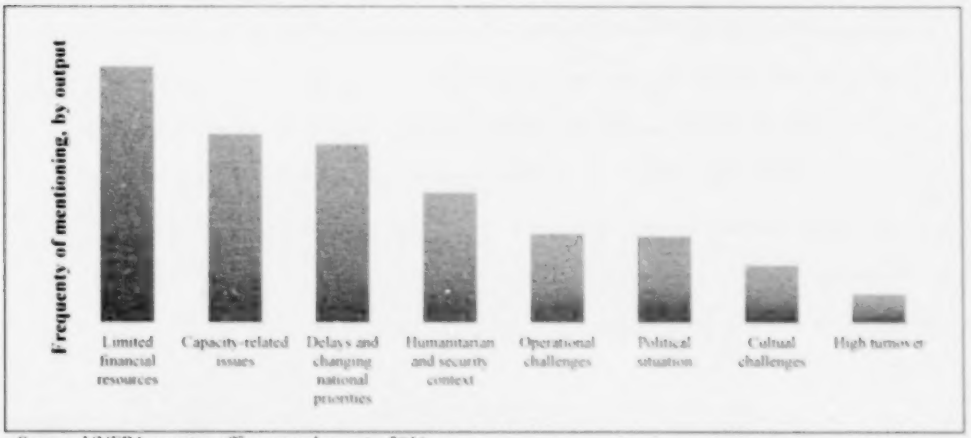
21. In 2016, UNFPA committed itself to achieving 40 global and regional intervention outputs. Of these, UNFPA fully achieved 29 outputs; 9 outputs were achieved at 60-99 per cent; and two outputs were achieved at less than 60 per cent (see annex 3: implementation of global and regional interventions).

Figure 3: Achievement of strategic plan outputs, as of 2016



22. The main reasons for not fully achieving the seven outputs include: (a) limited financial resources; (b) the limited capacity of implementing partners; (c) delays and changing national priorities; and (d) the humanitarian and security situation (see figure 4). UNFPA has recognized these challenges as risk factors under the enterprise risk management process and is implementing the requisite monitoring and mitigation measures.

Figure 4: Types of challenges cited by UNFPA country offices



Source: UNFPA country office annual reports, 2016

B. Detailed results

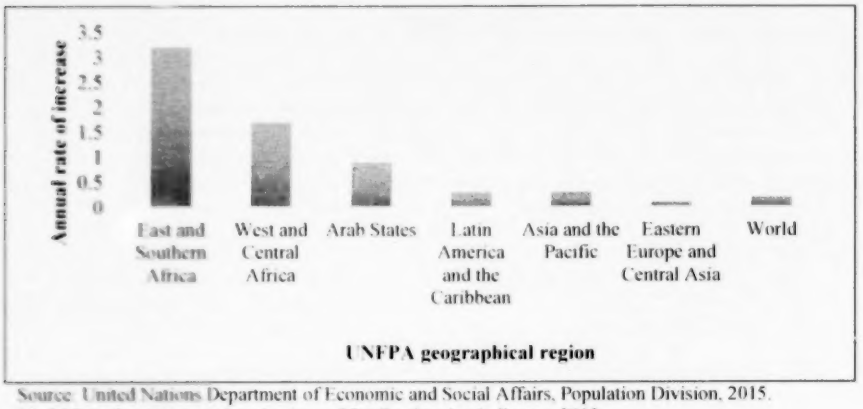
22. Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

23. The trends of the outcome indicators for increasing the availability and use of integrated sexual and reproductive health services are mixed. Outcome indicators for the availability and use of integrated sexual and reproductive health services moved in the right direction, but indicators for the use of contraceptives hardly changed since 2014. This

occurred even though indicators for the availability of contraceptives – including the absence of contraceptive stock-outs – moved in the right direction, albeit slowly.

24. The global figures for the use of contraceptives mask wide regional and country differentials that are of significance to UNFPA and its work. Compared to the minimal global increases in contraceptive use, there were significantly higher increases in sub-Saharan African regions, which include most of the focus countries of the UNFPA Supplies programme and some of the countries furthest behind in contraceptive use. Figure 5 highlights these differentials.

Figure 5: Annual rate of increase in the contraceptive prevalence rate for all methods, by region

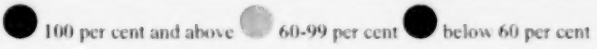


Source: United Nations Department of Economic and Social Affairs, Population Division, 2015. Model-based estimates and projections of family planning indicators 2015.

25. At the output level, UNFPA fully achieved three outputs, and partially achieved two of the five outputs, as shown in table 1.

Table 1: Scorecard for outcome 1

Output	Performance by 2015	Performance by 2016
Increased national capacity to:		
1. Deliver integrated sexual and reproductive health services	●	●
2. Strengthen enabling environments, increase the demand for and supply of modern contraceptives, and improve the quality of family planning services	●	●
3. Deliver comprehensive maternal health services	●	●
4. Deliver HIV programmes	●	●
5. Provide sexual and reproductive health services in humanitarian settings	●	●
Total outcome expenditure, in millions of dollars	$1,001.5	$1,472.6
Expenditure with gender equality as a significant or principal objective, in millions of dollars	$559.1	$869.7



26. At the indicator level, notable achievements include the following: (a) 118 countries have guidelines and protocols for the standard delivery of sexual and reproductive health services for adolescents and youth; (b) 81 countries have midwifery policies in line with international standards; (c) 41 countries have maternal death surveillance and response systems; (d) 102 countries have a logistics management information system to forecast and monitor commodities; and (e) 67 countries have the capacity to implement the minimum initial service package for sexual and reproductive health at the onset of humanitarian emergencies (see annex 1: scorecard and indicator updates, 2016, and annex 4: humanitarian action and resilience-building update, 2016).

27. The indicators that led to the partial achievement of the two outputs include the following: (a) only 47 countries, compared to the target of 51, had at least one community-based sex worker-led organization; (b) only 87 countries of the expected 101 had a costed integrated sexual and reproductive health action plan; and (c) only 59 of the targeted 86 countries reached the implementation stage of the 10-step condom programming approach.

28. UNFPA flagship programmes contributed to the increased use of sexual and reproductive health services. The annual reports of the flagship programmes indicated the following:

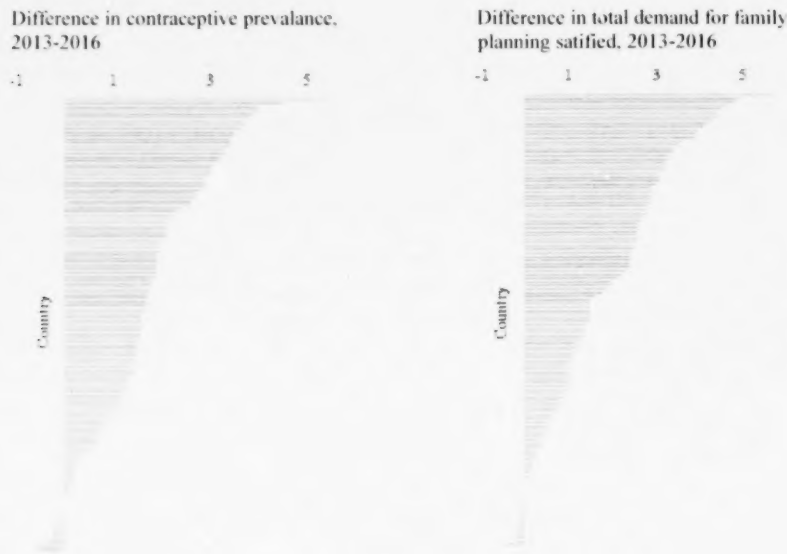
(a) The maternal health thematic fund contributed to a 14 per cent decline in the maternal mortality ratio in 39 priority countries supported by that fund since 2010. This translated into a reduction in annual maternal deaths from 223,000 in 2010 to 205,000 in 2015.

(b) UNFPA Supplies, a programme that addresses the availability and use of essential supplies for reproductive health, especially for poor and marginalized women, has contributed to increased contraceptive prevalence and total demand satisfied in 46 focus countries (see figure 6). The countries with significant increases in contraceptive prevalence and in total demand for family planning satisfied are predominantly the focus countries supported by the UNFPA Supplies programme.

(c) In 2016, its first year of implementation, the flagship programme to prevent maternal deaths in East and Southern Africa contributed to averting an estimated 996 maternal deaths and prevented 358,000 unintended pregnancies in the region.

(d) The UNFPA-led Campaign to End Fistula, a coalition of more than 90 partners, supported a new United Nations vision to end fistula within a generation. The Campaign played a significant role in producing the report of the Secretary-General on intensifying efforts to end obstetric fistula (A/71/306) and supported the adoption of General Assembly resolution 71/169 on the intensification of efforts to end obstetric fistula. As of 2016, UNFPA had supported 39,217 fistula repair surgeries.

Figure 6: Increase in contraceptive prevalence and in total demand for family planning satisfied from 2013-2016, by UNFPA Supplies focus countries versus UNFPA Supplies non-focus countries



Source: Estimates, United Nations Population Division, 2015

29. Partnerships developed under the global and regional programmes were crucial in achieving the results in this outcome area. For example:

(a) Between 2012 and its mid-point year, 2015, Family Planning 2020 – global partnership that seeks to end the unmet need for family planning and one in which UNFPA plays an important role – contributed to enabling an additional 30.2 million women and adolescent girls to use modern contraception.

(b) The evaluation of the H6 Joint Programme – a partnership between the Joint United Nations Programme on HIV/AIDS, UNFPA, the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the World Health Organization (WHO) and the World Bank Group, that supports 10 countries in sub-Saharan Africa – concluded that the H6 Joint Programme contributed to strengthening national health systems through the provision of integrated reproductive, maternal, newborn, child and adolescent health services at national and subnational levels.

(c) The Muskoka Initiative, a partnership between UNFPA, UNICEF, UN- Women and WHO, supports the improvement of sexual and reproductive health, including maternal health, in eight francophone sub-Saharan countries. By strengthening the emergency obstetric and newborn care network in Chad, the fatality rate was reduced from 10 per cent to 2.85 per cent in programme areas. In Côte d'Ivoire, one of the eight countries under the Initiative, all 82 districts of the 19 health regions reported maternal deaths.

(d) In partnership with WHO and the International Planned Parenthood Federation, UNFPA developed an index of sexual and reproductive health and HIV linkages. The index, which has been applied in 60 countries, enables the mapping of the country status

and identifies gaps in order to inform decision-making and interventions. In Kenya, the use of the index resulted in 4,500 female sex workers and 50,000 clients benefiting from integrated sexual and reproductive health and HIV services in 2016.

30. Increases in the use of sexual and reproductive health services also benefited from UNFPA-supported innovations. In Ethiopia and in the United Republic of Tanzania, over 2,500 midwives were trained in life-saving skills at 22 remote sites by using solar-charged portable learning devices. More than 150,000 young people benefited from UNFPA-supported mobile health clinics in Myanmar, Nigeria, South Africa and Uganda. In Togo, the use of a geographic information system supported the development of the national emergency obstetric and newborn care facility network. In Mongolia, the use of a nationwide telemedicine system increased rural women's access to maternal health consultations.

31. Evaluations have confirmed the effectiveness of UNFPA interventions in increasing the use of sexual and reproductive health services. The evaluation of UNFPA support to family planning, 2008-2013, found that UNFPA was a leader in integrating family planning with other services; a key partner in raising the profile of and coordinating family planning efforts; at the forefront of advocating for a human rights-based approach to family planning; and played a critical role in strengthening an enabling environment for family planning. Similarly, an evaluation of UNFPA support to adolescent and youths, 2008-2015, found that UNFPA contributed to increasing the availability of sexual and reproductive health services for adolescents and young people.

32. Challenges in this outcome area include the following: (a) sociocultural barriers impede reaching women and young people with sexual and reproductive health information and services; (b) health-care providers lack the necessary training; (c) the provision of high-quality sexual and reproductive health services remains a barrier; (d) many national maternal death surveillance and response action plans do not include budgets; and (e) tracking the recruitment and deployment of newly graduated midwives is a challenge, especially where standard mechanisms for collecting such data are unavailable.

33. UNFPA learned a number of lessons: (a) strengthening health systems is an effective approach to facilitate the increased use of integrated sexual and reproductive health services; (b) community-based approaches are critical for generating demand for sexual and reproductive health services; (c) the balancing of supply and demand factors is necessary when planning integrated service delivery; (d) mainstreaming midwifery into national human resources for health workforce policies is important for training, retention and deployment; and (e) safe spaces for women and girls and mobile medical teams are effective ways to reach displaced, uprooted and crisis-affected girls.

34. UNFPA is integrating these lessons in the development of its strategic plan, 2018-2021.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services

35. Since 2014, progress has been made on numerous aspects of integrating adolescent and youth priorities into development frameworks. Youth and adolescent issues are increasingly being considered when developing national, regional or global development frameworks.

36. The prioritization of youth and adolescent issues has been evident at the global level. The updated Global Strategy for Women's, Children's and Adolescents' health, 2016-2030, addresses the uneven progress in realizing the rights and needs of adolescents. At the World Humanitarian Summit, more than 40 partners endorsed a new compact for young people in humanitarian action, under the leadership of UNFPA.

37. At the regional level, and with support from UNFPA, the African Union's Agenda 2063 prioritized investments in adolescents and youth and adopted a continental road map to harness the demographic dividend. At the beginning of 2016, following advocacy efforts by UNFPA and other stakeholders, African Union Heads of State and Government underlined their commitment to place young people at the centre of sustainable development. This

commitment is particularly important in West and Central Africa, where nearly two thirds of the population is under 24.

38. At the country level, data from UNFPA programmes indicate that the number of countries with laws and policies that enable adolescents to exercise their rights increased from 74 in 2013 to 100 in 2016. In response to the Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030, and with UNFPA support, 32 governments made political commitments in 2016 to prioritize adolescent health, including improving reproductive, maternal, newborn and child health.

39. UNFPA made steady progress towards its strategic plan outputs for outcome 2. Although none of the three outputs were fully achieved, and 2016 performance is slightly below that of 2015, each output was achieved by at least 90 per cent (see table 2).

40. The reason the outputs were not fully achieved can be traced to three indicator targets, which were narrowly missed. In output 6, the number of countries with participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes, increased from 53 in 2013 to 94 in 2016, missing the target of 105. In output 7, the number of countries with comprehensive sexuality education that were aligned to international standards increased from 39 in 2013 to 81 in 2016, missing the target of 85. In output 8, the number of countries that have health, social and economic asset-building programmes that reach adolescent girls at risk of child marriage increased from 29 in 2013 to 55 in 2016, missing the target of 60.

41. Financial constraints were the main reason these outputs (especially output 8) could not be fully achieved. Capacity challenges were also cited as one of the reasons output 7 on comprehensive sexuality education could not be fully achieved.

Table 2: Scorecard for outcome 2

Output	Performance by 2015	Performance by 2016
Increased national capacity to:		
6. Conduct evidence-based advocacy for incorporating adolescents and youth	●	●
7. Design and implement comprehensive sexuality education programmes	●	●
8. Design and implement comprehensive programmes to reach marginalized girls	●	●
Total outcome expenditure, in millions of dollars	$121	$190
Expenditure with gender equality as a significant or principal objective, in millions of dollars	$69.6	$115.7

● 100 per cent and above ● 60-99 per cent ● below 60 per cent

42. UNFPA partnerships and platforms at global, regional and country levels were effective in prioritizing adolescent and youth issues in development frameworks. Under the UNICEF–UNFPA Global Programme to Accelerate Action to End Child Marriage – which was implemented in 15 priority countries – Burkina Faso, Mozambique, Uganda and Zambia developed national strategies and action plans to end child marriage. In 2016, more than 65,000 girls benefited from sexual and reproductive health knowledge and services provided under this programme.

43. In 2016, UNFPA, in collaboration with a network of young people with disabilities from all regions, launched the WE DECIDE youth and disability initiative to protect the rights of marginalized populations, in particular persons living with disabilities.

44. In the Asia and the Pacific region, a youth-led organization founded with UNFPA support, Youth LEAD, became an independent organization. This organization, which focuses on young populations at risk of or affected by HIV, is operational in 19 countries. This is testimony to a strengthened regional-level capacity to advocate for the prioritization of adolescent and youth issues in development frameworks. In East and Southern Africa, more than 811,000 out-of-school young people have benefited from sexuality education under the Safeguard Young People programme implemented by UNFPA.

45. In Liberia, youth volunteers played a key role in ending the Ebola epidemic. They were trained as contact tracers who carried out the rapid identification of potential Ebola cases and alerted the appropriate authorities.

46. UNFPA used innovation to promote youth in peacebuilding and strengthen resilience. In the Syrian Arab Republic, as a result of the UNFPA-supported youth business start-up project, implemented under the Innovation Fund, 180 internally displaced young people received employment opportunities. In addition, 1,225 youth, especially adolescent girls, benefited from this project.

47. Evidence suggests that UNFPA interventions for adolescents and youth make a difference. In countries with participatory platforms that advocated for marginalized adolescents and youth, 84 per cent of those countries have integrated such issues into national youth policies (see annex 2: country results and case studies to illustrate the theory of change). The evaluation of UNFPA support to adolescents and youth found that UNFPA is a leader in the area of adolescent sexual and reproductive health and has contributed to creating a more favourable environment for prioritizing adolescent and youth issues at global, regional and country levels.

48. UNFPA encountered several challenges in seeking to prioritize adolescent and youth issues in development plans, including: (a) the absence of performance metrics in national frameworks, making it difficult to assess progress and impact; (b) declining resources; and (c) the sensitivity in some cultures towards the sexual and reproductive health and reproductive rights of youth and adolescents, rendering these issues difficult to address.

49. The next UNFPA strategic plan will focus on: (a) strengthening national capacity in monitoring and evaluating progress; (b) addressing the impact of programmes and policies; and (c) mobilizing resources and support to protect and promote the rights of adolescents and youth, especially adolescent girls.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

50. Available data shows that trends in gender equality steadily progressed. The gender inequality index dropped from 0.449 in 2014 to 0.443 in 2015. The percentage of women who thought it justifiable for a husband or partner to hit his wife fell from 47 per cent in 2013 to 40 per cent in 2016. UNFPA programme data indicate that the number of countries that integrate reproductive rights into national gender equality action plans increased from 45 in 2013 to 74 in 2016.

51. UNFPA fully achieved all three outputs for outcome 3, which represented an improvement from 2015 (see table 3). At the global level, UNFPA led the design of methodologies for collecting data on Sustainable Development Goal indicators 5.6.1 and 5.6.2, which focus on women's empowerment and the legal barriers impeding access to sexual and reproductive health care. In 2016, UNFPA continued to strengthen accountability for sexual and reproductive health and rights. It supported national human rights institutions in 30 countries in carrying out national inquiries on exercising reproductive rights and the right to sexual and reproductive health. In addition, 71 countries had a functioning tracking and reporting system to monitor the implementation of reproductive rights recommendations and obligations.

52. The targets achieved in 2016 were notable. Of the countries affected by humanitarian crises, 83 per cent (target: 70 per cent) had a functional inter-agency, gender-based violence coordination body as a result of UNFPA coordination and leadership. In 29 countries (target: 19), civil society organizations implemented accountability mechanisms to address the reproductive rights of women and girls, and marginalized and key populations. Ninety countries had a gender-based violence prevention, protection and response integrated into national sexual and reproductive health programmes, exceeding the target of 84.

Table 3: Scorecard for outcome 3

Output	Performance by 2015	Performance by 2016
9. International and national protection systems for advancing reproductive rights	●	●
10. Prevent gender-based violence and harmful practices	●	●
11. Engagement of civil society organizations	●	●
Total outcome expenditure, in millions of dollars	$209.2	$318.1
Expenditure with gender equality as a significant or principal objective, in millions of dollars	$189.5	$280.9

● 100 per cent and above ● 60-99 per cent ● below 60 per cent

53. Partnerships and tools were instrumental in achieving results for this outcome. Through the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, female genital mutilation was criminalized in 13 of the 17 programme priority countries. Seventy-six per cent of these countries added a budget line for the implementation of policies to prevent female genital mutilation. Between 2014 and 2016, 1.5 million girls and women benefited from protection and treatment services offered by the programme, and 5,600 communities declared the abandonment of female genital mutilation.

54. In 2016, UNFPA and UN-Women, in collaboration with WHO and the United Nations Office on Drugs and Crime, piloted the United Nations Joint Programme on Essential Services for Victims and Survivors of Violence.

55. UNFPA continued to support the engagement of men and boys to advance gender equality. UNFPA worked in 47 countries (exceeding the target of 43) with civil society organizations to support the institutionalization of programmes to engage men and boys on issues of gender equality, and to promote sexual and reproductive health and reproductive rights.

56. In Afghanistan, UNFPA supported community-based dialogue in 25 provinces to engage men and boys in advancing gender equality, and undertook similar efforts in Cambodia, South Sudan and Uganda. In Georgia, UNFPA supported a popular, innovative television programme, 'Fathers', which challenged traditional gender roles within families. The programme contributed to government recognition of these issues in its national development programme.

57. UNFPA faced numerous challenges while implementing outcome 3. Major challenges included: (a) sociocultural barriers to gender equality and the elimination of harmful practices; (b) difficulty in reaching marginalized populations; and (c) not adequately addressing the underlying structural causes of gender inequality, including those that lead to

gender-based violence. UNFPA will seek to address these challenges in the next strategic plan.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

58. UNFPA made modest but steady progress in 2016 in increasing the availability of high-quality population data and evidence on population dynamics to inform international and national policies and development frameworks.

59. The number of countries with at least one census of good quality in the past 10 years that was processed, analysed and disseminated following international standards and recommendations increased from 104 in 2014 to 112 in 2016. The number of countries that generated national household surveys in the past five years that could support the estimation of population and sexual and reproductive health indicators increased from 89 in 2015 to 97 in 2016. Furthermore, the number of countries that completed evaluations of strategic interventions on sexual and reproductive health and adolescent and youth increased from 66 in 2014 to 92 in 2016.

60. With regard to the use of evidence to inform policies and development frameworks, almost all national development plans approved in 2016 addressed population dynamics. For example, the Dominican Republic incorporated 38 indicators of the Montevideo Consensus on Population and Development into its 2017-2020 multi-annual national public sector plan. Other examples include: (a) the Tajikistan national development strategy, 2016-2030; (b) the 2030 sustainable development vision of Mongolia that was approved by Parliament in 2016; and (c) the Botswana national development plan 11, 2017–2023, which includes a chapter dedicated to population and development.

61. At the output level, as shown in table 4, UNFPA fully achieved the 2016 targets for two of the four strategic plan outputs. Outputs were fully achieved for: (a) strengthening national capacity for the production and dissemination of quality disaggregated data; and (b) increasing the availability of evidence through cutting-edge, in-depth analyses.

62. As of 2016, the proportion of countries that received and used technical assistance from UNFPA to make use of population data in order to support needs assessments in humanitarian settings increased from 69 in 2013 to 77 in 2016, exceeding the target of 75 per cent. The number of national statistical authorities that have the institutional capacity to analyse and use disaggregated data on adolescents and youth increased from 69 in 2013 to 103 in 2016. With support from UNFPA, all 48 least developed countries have national profiles that include demographic dividend indicators.

63. Two outputs were partially achieved, primarily because the implementation of the population situation analysis and the application of monitoring and evaluation procedures are resource-intensive exercises.

Table 4: Scorecard for outcome 4

Output	Performance by 2015	Performance by 2016
12. Strengthened national capacity for the production and dissemination of quality disaggregated data	●	●
13. Increased availability of evidence through cutting-edge in-depth analyses	●	●
14. Strengthened capacity for the formulation and implementation of rights-based policies	●	◐

15. Strengthened national capacity for using data and evidence to monitor and evaluate national policies	●	●
Total outcome expenditure, in millions of dollars	$245.3	$335.3
Expenditure with gender equality as a significant or principal objective, in millions of dollars	$87.5	$120.0

● 100 per cent and above ● 60-99 per cent ● below 60 per cent

64. UNFPA made progress in strengthening the capacity of Member States to identify populations within their respective countries that lag behind in achieving the Sustainable Development Goals. In 2016, nine country teams were trained to undertake small area estimation. In 2016, 29 countries completed at least one mapping exercise illustrating subnational inequality. The maps were made accessible to policy makers.

65. UNFPA strengthened regional capacity to assist countries in measuring and tracking progress toward the Sustainable Development Goals. By 2016, 73 countries had a plan to generate, disseminate and report on 16 UNFPA-relevant Sustainable Development Goal indicators. Sixty-three per cent of those countries included maternal mortality in their plan; 56 per cent included skilled birth attendance; and 47 per cent included the adolescent birth rate.

66. UNFPA used partnerships and innovative strategies to support the achievement of results for outcome 4.

67. In forming the regional task force on population-based Sustainable Development Goal indicators in the Arab States region, UNFPA partnered with UNDP, UNICEF and UN-Women, as well as several of the regional statistical commissions, in the capacity-strengthening workshops. In advancing the demographic dividend, UNFPA strengthened partnerships with the African Development Bank, the African Union and the Population Reference Bureau. These partnerships served to further work in the areas of: (a) national and subnational indicators on empowerment, education and employment; (b) training on national transfer accounts; and (c) national demographic dividend typologies.

68. UNFPA utilized partnerships to support census work. It supported the implementation of the 2020 census round through the development of a new UNFPA census strategy, and the establishment of the International Committee on Census Coordination, in partnership with the United Nations Statistics Division and the United States Census Bureau. In some countries, especially those with challenging terrain, partnerships made large and logistically complex census operations feasible. For example, partnerships enabled UNFPA to pay enumerators in Myanmar, where banks did not operate in all geographical areas.

69. UNFPA supported an innovative census in Lesotho, which was the first digital census in the subregion in the 2020 round of population censuses. UNFPA spearheaded a project in Afghanistan, where a census had not been undertaken since 1979, that used satellite imagery to estimate population density.

70. The evaluation of UNFPA support to population and housing census data to inform decision-making and policy formulation, released in 2016, found that UNFPA was the key convener and guarantor of census operations, and that support for the 2010 census round contributed significantly to strengthening the capacity of national statistical offices.

71. The evaluation highlighted three strengths of UNFPA: (a) the provision of high-quality technical assistance; (b) the seal of credibility that UNFPA offers to a census; and (c) a convening role. In contrast to the strong focus on and effectiveness of data production and availability, the focus on data use has been comparatively weak. It is therefore a focus of the new UNFPA census strategy for the 2020 census round. The demand-driven character of census support to national statistical authorities undermined global coordination; this has been

addressed through the establishment of the International Committee on Census Coordination. To attract more resources for the use of census data and other population data, UNFPA developed a new resource mobilization strategy to strengthen population data ecosystems.

IV. Organizational effectiveness and efficiency

72. In 2016, UNFPA continued to make progress in organizational effectiveness and efficiency. UNFPA fully achieved two outputs: (a) improved quality assurance, monitoring and evaluation; and (b) increased adaptability through innovation, partnership and communications. The output on improved mobilization, management and alignment of resources was partially achieved, mainly because targets for resource mobilization were not met.

73. To reinforce effectiveness and efficiency in the new operating environment, a constant ongoing review of business practices and programme support structures is underway at headquarters and in the field. A fresh look is taken on partnership and collaboration with the private sector. Furthermore, a comprehensive information and communication technology (ICT) transformation initiative was launched in 2016 to enhance programming quality, address systems fragmentation, and strengthen knowledge management and use of business analytics to guide decision-making and provide for increasing demands in granularity of reporting and results-resources linkages.

Table 5: Scorecard for organizational effectiveness and efficiency

Output	Performance by 2015	Performance by 2016
1. Improved quality assurance, monitoring and evaluation	●	●
2. Improved mobilization, management and alignment of resources	●	●
3. Increased adaptability through innovation, partnership and communications	●	●
Total effectiveness and efficiency expenditure in millions of dollars	$321.6	$482.9

● 100 per cent and above ● 60-99 per cent ● below 60 per cent

Output 1: Enhanced programme effectiveness by improving quality assurance, monitoring and evaluation

74. UNFPA achieved most of the 2016 targets for enhancing programme effectiveness. Targets were met for: (a) the number of country programmes rated as good; (b) country programme documents that meet quality standards; (c) the number of country programmes that duly monitored 90 per cent of programme indicators; and (d) the number of corporate and programme evaluations completed as planned.

75. Targets were also met for mainstreaming gender and ensuring the humanitarian and development continuum in programmes.

76. However, the target on actions implemented on evaluation recommendations was not met, partly because the target was overly ambitious and partly due to logistical challenges stemming from the new UNFPA tracking system.

77. UNFPA continued to strengthen its operations and programmes through, inter alia, increased coordination and harmonization with the United Nations system and the increased

use of South-South and triangular cooperation, in line with the quadrennial comprehensive policy review. UNFPA met its target on contribution to the resident coordinator system, and continued progress in using common United Nations systems and tools. In 2016, 98 per cent of UNFPA programme countries used common results-based management tools and principles. Seventy-five per cent of programme countries used the South-South cooperation modality, exceeding the 62 per cent target.

78. UNFPA played an active role in the inter-agency group that was established to harmonize strategic plan approaches among United Nations organizations developing strategic plans. It led the subgroup on harmonizing approaches to results-based management. UNFPA also contributed to the development of United Nations Development Assistance Framework guidelines, including information on the theory of change and real-time monitoring.

79. Independent evaluations have confirmed that UNFPA programmes are focused and effective.

80. The evaluation of the implementation architecture of the strategic plan, 2014-2017, as well as the midterm review, found that the goal of the strategic plan, colloquially referred to as the "bull's eye", and the four outcomes, had enhanced the focus of UNFPA programmes. The country programmes recently developed are more focused: of the 67 country programmes approved during 2014-2016, 55 (81 per cent) had fewer outputs than their predecessors.

81. Regarding effectiveness, as mentioned in the respective strategic plan outcomes above, according to the country programme evaluations conducted in 2014-2016, the majority of country programmes were found to be effective. In addition, all country programmes were found to be relevant to the country context and to the UNFPA strategic focus. A multilateral development agency review conducted in 2016 rated UNFPA as a "good" performer under the category of organizational effectiveness.

82. These improvements in quality of programming mentioned above can be traced to the introduction of stronger policies and guidelines, robust programming tools, enhanced staff capacity, and rigorous oversight and quality assurance systems. The UNFPA Programme Review Committee continued to improve the quality of country programme documents. Through training and support, staff became proficient in using the UNFPA global programming system and the strategic information system. The global programming system seeks to strengthen the management of work plans at headquarters and in field offices to plan and manage programme implementation activities. The strategic information system enables UNFPA to plan, monitor and report programme results. In 2016, 97 per cent of country offices reported receiving effective support from UNFPA regional offices.

83. Notwithstanding these improvements, UNFPA recognizes the need to invest more in: (a) promoting risk-based results planning; (b) improving quality assurance; and (c) using evidence for decision-making. To support these investments, UNFPA is providing guidance on the theory of change for country programme planning, as part of its capacity-development plan.

Output 2: Improved mobilization, management and alignment of resources through an increased focus on value for money and systematic risk management

84. At the beginning of 2016, UNFPA received indications that some resources from major donors would be redirected to emerging challenges, directly affecting the resources available to UNFPA. Moreover, the continued volatility of exchange rates of key currencies against a stronger United States dollar negatively affected UNFPA resources.

85. In 2016, the overall core and co-financing contribution revenue of UNFPA was $842 million, which was $251 million short (-23 per cent) of the 2016 strategic plan target of $1,093 million. Compared with 2015, the contribution revenue decreased by $130 million (13 per cent) from $972 million to $842 million. UNFPA maintained a broad donor base of 123 Member States. The total contribution revenue to regular resources was $353 million; of this amount, 97 per cent was from the top 15 traditional donors, and 3 per cent was from other donors. The total contribution to co-financing revenue was $489 million.

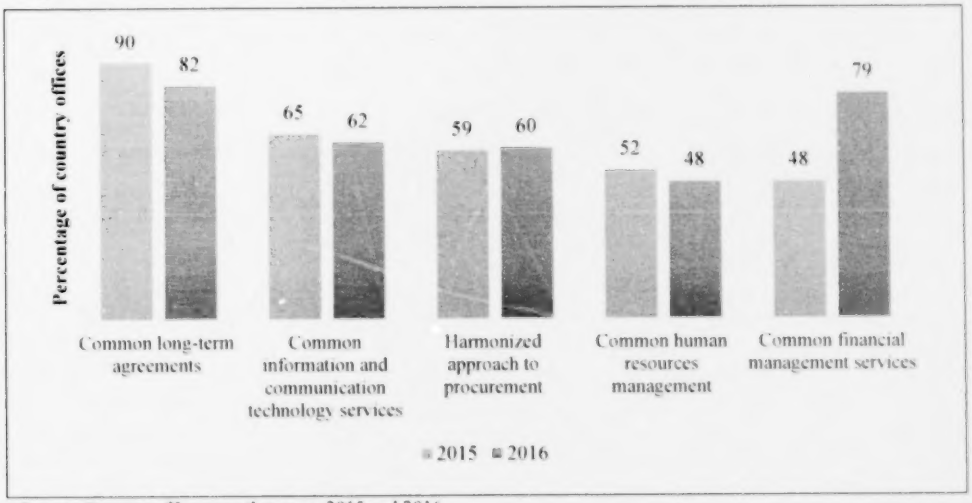
86. During 2016, UNFPA experienced a significant shortfall in income compared to the targets agreed by the Executive Board. As part of its financial accountability, UNFPA continuously monitored the expected level of income from regular resources and adjusted the planned resource distribution accordingly. UNFPA regularly discussed the financial situation with the Executive Board. The midterm review of the integrated budget, 2014-2017 (DP/FPA/2016/3) reflected the reduced appropriation for the institutional budget and for global and regional interventions.

87. UNFPA obtained a clean audit opinion in 2016. The percentage of UNFPA operating fund account advances that were overdue was reduced to 0.5 per cent, displaying a steady reduction over the past five years.

88. UNFPA is engaged in the harmonization and simplification of business practices within the United Nations system, as mandated by the quadrennial comprehensive policy review. In 2016, UNFPA served as co-convener of the Fiduciary Management Oversight Group of the United Nations Development Group. In this role, UNFPA supported the pass-through funding modality and the related revisions in Development Group funding policies, as well as the promotion of joint funding approaches.

89. UNFPA made available the harmonized approach to cash transfers to all its business units, applying a risk-based approach in working with implementing partners. UNFPA worked closely with UNDP and UNICEF to harmonize guidelines on the cash transfer approach and to establish long-term agreements with third-party service providers to support the implementation of the approach. Through the United Nations Development Group, UNFPA worked on the design of the common services packages and supported the implementation of the business operations strategy. In 2016, UNFPA achieved climate neutrality for the second year in a row, well ahead of the 2020 deadline suggested by the United Nations Secretary-General.

Figure 7: Country offices that implemented common United Nation services



Source: Country office annual reports, 2015 and 2016

90. In partnership with UNDP and UNICEF, UNFPA piloted a United Nations fleet-sharing project to improve efficiency. Fleet sharing, when fully operational, will reduce annual costs to UNFPA by $1.1 million, due to a reduction in fleet size. The reduction of vehicles will also help UNFPA reduce its carbon footprint. From 2014 to 2015, UNFPA reduced per capita emissions by 1.02 tonnes of carbon dioxide equivalent.

91. In 2016, UNFPA launched a second annual Enterprise Risk Management assessment cycle with streamlined risk registers, improved governance and a modified online application

platform. UNFPA also revised its internal control framework, which reflects best practices, generally accepted principles and requirements in the area of internal controls, including alignment to the "three lines of defence" model.

92. UNFPA continues to rank among the top United Nations organizations reporting to the International Aid Transparency Initiative. In 2016, UNFPA launched a pilot with a consortium of development partners, leveraging the Transparency Initiative to demonstrate the traceability of pool-funded activities through multilateral organizations.

Output 3: Increased adaptability through innovation, partnership and communications

93. UNFPA increased partnerships with the private sector and foundations. In 2016, UNFPA signed 72 new agreements with private-sector partners. Compared to 2015, UNFPA recorded an 11 per cent increase in revenue from the private sector, from $10.3 million to $11.5 million. In 2016, 51 per cent of countries developed and implemented comprehensive partnership plans.

94. UNFPA continued to invest in innovation. In 2016, the Innovation Fund approved an additional 11 innovative projects, bringing the total to 29, which covered all six geographical regions. An external formative evaluation was commissioned in 2016; preliminary findings show that the innovation initiative generated substantial momentum within UNFPA. A number of projects demonstrated proof of concept and the potential for replication and/or scale up.

95. Despite these successes, many challenges remain. UNFPA will continue its quest to be an innovative organization, notwithstanding human resource capacities, data gaps and reduced resources. It will continue to innovate by expanding partnerships, resolving bottlenecks and employing real-time monitoring.

96. UNFPA expanded its global media outreach. In 2016, UNFPA received, on average, over 600 influential media references per month. The UNFPA Facebook page has received three million 'likes'. The UNFPA Twitter account now has approximately 130,000 followers.

V. Elements of a decision

97. The Executive Board may wish to:

(a) Take note of the documents that make up the report of the Executive Director for 2016: DP/FPA/2017/4 (Part I, Part I/Add.1 and Part II);

(b) Note with appreciation the progress achieved in implementing the results frameworks of the UNFPA strategic plan, 2014-2017.